

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040238
STATE FILE NUMBER

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5658

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
3068

3

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Paul T. McGannon, M.D.

FILE NOV 4 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
31 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Westport Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5918 Anderson

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
Mary

Middle
E.

Last
Williams

4. DATE OF DEATH

Month Day Year
Oct. 19, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Nov. 4, 1869

9. AGE (last birthday)
93

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Jamesville, Wisconsin

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Thomas Cole

13b. MOTHER'S MAIDEN NAME

Margaret Cooper

14. NAME OF HUSBAND OR WIFE

Edgar F. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mona Williams, 5918 Anderson, K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart failure

INTERVAL BETWEEN ONSET AND DEATH
2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heartdisease

2 years

DUE TO (c)

Arteriosclerosis

20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1, 1963 to Oct 9, 1963 and last saw her alive on Oct 63
Death occurred at 1:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul T. McGannon M.D.

22b. ADDRESS

920 West 4th St.

22c. DATE SIGNED

Oct 19 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

10-19-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

23d. LOCATION (City, town, or county)

Atchinson, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

10-19-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Paul M. Garrison
920 W. 4th St.
La 1-0014
-2-3
(Get Blue Ink. We
got Redding one
last)
1:30-3:30 -

STATEMENT BY LICENSED EMBALMER

0-22

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm. McDonald

Licensed Embalmer No.

3806

P.O. Address

K.C. Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.